

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043591

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1548

FILED NOV 16 1963

VS 300  
Rev. 4/59

1 0397

2 0397

3

4 1

5 1

6

7 1

8 2

9 332XH

10

11

12 90-0

13

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Springfield

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 702 W. University

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Greene

c. CITY OR TOWN Springfield

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
1467 S. Fort

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Anna

Middle

F.

Last

Sparling

DATE OF DEATH

Month

November

Day

8,

Year

1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

8/9/1879

## 9. AGE (last birthday)

84

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

Home

## 11. BIRTHPLACE (City and state or country)

Indiana

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

UNKNOWN

## 13b. MOTHER'S MAIDEN NAME

UNKNOWN

## 14. NAME OF HUSBAND OR WIFE

John H. Sparling

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No No

## 16. SOCIAL SECURITY NO.

UNKNOWN

## 17. INFORMANT

John H. Sparling (Husband) Springfield, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Cerebral Thrombosis

## INTERVAL BETWEEN ONSET AND DEATH

3 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

#### DUE TO (c)

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Carcinoma of uterus

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from Feb 1959 to 11/8/63 and last saw her alive on Nov 3, 1963  
Death occurred at 9:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Windell Stewart MD

## 22b. ADDRESS

609 Cherry  
Springfield, Missouri

## 22c. DATE SIGNED

Nov 9 1963

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

11-11-63

## 23c. NAME OF CEMETERY OR CREMATORY

Greenlawn Cemetery

## 23d. LOCATION (City, town, or county)

Springfield, Mo.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

KLINGNER MORTUARY, INC. Springfield, Mo.

## 25. DATE RECD. BY LOCAL REG.

11-13-63

## 26. REGISTRAR'S SIGNATURE

Bernie Madley

jhc

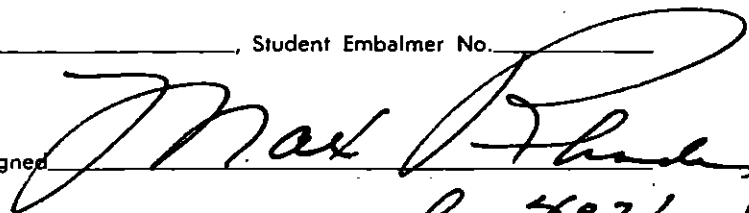
(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed



Licensed Embalmer No. 4071

P. O. Address \_\_\_\_\_  


Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

11-11-63